

APPLICANT BACKGROUND SURVEY

This survey is used to collect and analyze data involving race, sex, age, disability, and national origin from applicants for employment. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While completion of this form is voluntary, your cooperation is important to help ensure accurate information regarding employment practices. We ask you to answer each of the questions to the best of your ability. Print your entries clearly. Read each item thoroughly before selecting the appropriate response.

A. Announcement number(s) and/or position(s) for which you are applying:	B. Year of Birth	C. For Agency Use
D. How did you learn about the position or exam for which you are applying? For example: radio, job fair, friend, newspaper, school counselor, etc.		
E. Race <input type="checkbox"/> 1. AMERICAN INDIAN OR ALASKA NATIVE A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition of tribal affiliation. <input type="checkbox"/> 2. ASIAN OR PACIFIC ISLANDER A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, Samoa, and Vietnam <input type="checkbox"/> 3. BLACK A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> 4. WHITE A person having origins in any of the original peoples of Europe, North Africa, of the Middle East.	F. Ethnicity <input type="checkbox"/> HISPANIC ORIGIN A person of Puerto Rican, Mexican, Cuban, Central or South American, or other Spanish cultures or origins regardless of race. <input type="checkbox"/> NOT OF HISPANIC ORIGIN	
G. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	H. Disability A person is disabled if he or she has a physical or mental impairment which substantially limits one of more major life activities, has a record of such impairment, or is regarded as having such impairment. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1. I do not have a disability <input type="checkbox"/> 2. Deaf <input type="checkbox"/> 3. Blind <input type="checkbox"/> 4. Missing Extremities <input type="checkbox"/> 5. Partial Paralysis <input type="checkbox"/> 6. Complete Paralysis </div> <div style="width: 45%;"> <input type="checkbox"/> 7. Convulsive Disorder <input type="checkbox"/> 8. Mental Retardation <input type="checkbox"/> 9. Mental or Emotional Illness <input type="checkbox"/> 10. Severe Distortion of Limbs and/or Spine <input type="checkbox"/> 11. I have a disability, but it is not listed. Specify _____ </div> </div>	
Privacy Act and Public Burden Statement Privacy Act Information: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974) for individuals completing Federal records and forms that solicit personal information. The authority is title 5 of the U.S. Code, sections 1302, 3301, 3304, and 7201. Purpose and Routine Uses: This form is maintained in Privacy Act system records 09-90-0006, Applicants for Employment Records, HHS/OS/ASPER. The information in this survey is used solely for research and for statistical purposes to help ensure that agency personnel practices meet the requirement of Federal law. No other uses will be made of this information. This form will be separated from other application materials upon receipt. Effects of Non-Disclosure: Providing this information is voluntary; no individual personnel selections are made based on this information. Public Burden Information: Public burden reporting for this information is estimated to vary from one to three minutes with an average of two minutes.		